cent. alcohol, 10. For the more chronic forms, ichthyol, 14; oil of turpentine, 5; lanolin, 5; oil of wintergreen, 4, is satisfactory.—*Rivista Critica di Clinica Medica*, 1900, No. 16, p. 311.

[Our personal observation leads to a preference for the salicylic acid, turpentine, lanolin, and lard mixture, although the others mentioned have been found to be useful. Quite remarkable results have been obtained with salol, menthol, ether, and lanolin, as above noted, in rebellious so-called gonorrhœal rheumatism. One patient is recalled who, after having received all of the known remedies, including static electricity and cataphoresis, was relieved by it of pain and disability within a week.—R. W. W.]

Oil of Gaultheria.—Dr. Edmund Von Rottenbiller reports the results obtained in one hundred and twenty-two instances of its use. He reports that its internal administration will relieve pain and produce perspiration, and in practice these effects are speedily produced. In addition baths are employed. Of ninety-seven instances of chronic polyarthritis but five followed an acute attack. The remainder were subacute or chronic, and in these (about 60 per cent.) influenza preceded the attack. Heredity could be traced in one-fifth of the patients. Ten patients suffered from so-called gonorrhœal rheumatism; all showed good results. Three patients suffered from arthritis deformans, but although the deformity was not markedly influenced, the pain was lessened and the general condition relieved. One instance of purpura with rheumatism was cured. The oil is administered in gelatin capsules, of which ninety drops constitute the daily amount. One capsule will hold about twenty drops of the oil. The first dose (two capsules) is given at bedtime, the second an hour later, and so continued until the whole amount is taken during the night. No untoward symptoms have been noticed. The oil is excreted partly by the kidneys and partly by the bowel; it may be found in the urine twenty minutes after its administration.—*Klinische-therapeutische Wochenschrift*, 1900, No. 20, S. 610.

Intestinal Antisepsis in Typhoid Fever.—Dr. J. M. Anders considers this branch of the therapy of typhoid too little heeded, and that in importance it is next to cold bathing and feeding. The principal indication for antisepsis is to combat meteorism due to decomposing matter in the intestines. Owing to defective hepatic secretion in this disease the bile and other normal antiseptic secretions are present in diminished amounts. The diminished supply of hydrochloric acid, with the frequent overabundant alimentation, aids in establishing tympanites. Milk being the chief food, hydrochloric acid in small doses after each feeding is recommended. Calomel for the first few days in sthenic patients is useful. It acts both as an hepatic stimulant and as an intestinal antiseptic; retained decomposed matter is removed and the bowel made ready for antisepsis. The potency of the bacilli is unaffected by such drugs. Bacilli are not destroyed, but develop their toxins in the mesenteric glands and gall-bladder. The intestinal disturbance accompanying the fever is partly dependent on disordered function due indirectly to typhoid infection. Some toxic elements are derived from usually harmless organisms normally present in the intestine, whose virulence is only temporary. Water used freely tends to increase the

elimination of the hypotoxins by the kidneys. In view of the fact that where moderate constipation is present there is less tympanites than with diarrhœa, the purgative treatment is not advocated except in the early stage. Saline laxatives in divided doses until effective often curtail the intermittent form seen in protracted cases. Diarrhœa is sometimes ascribable to the irritating properties of food-residue in too abundant feeding. Mild laxatives will correct this. The Woodbridge treatment is mentioned and condemned. Intestinal antisepsis influences tympanites and diarrhœa favorably; less than four movements daily do not indicate such treatment. Salol is considered the best drug of the aromatic group; its average dose is three grains every three hours. It may be given in increased doses until the urine is perceptibly tinged. The powdered form is preferable. Tablets may pass through the bowel unchanged. If there be marked distention of the bowels, turpentine is more satisfactory—white turpentine, three grains every three hours. Constipation is best treated by soap-suds enemata on alternate days. Intestinal irrigations diminish the absorption of toxins; they are not to be used when the main lesions are in the small intestines and there is only moderate tympanites. Indications are: Ulceration in the colon, active diarrhœa, and marked tympanites. The antiseptic solution used must be warmed; it must be introduced gently and at low pressure, in order to avoid overdistention of the inflamed colon. A soft-rubber rectal tube, fenestrated, is recommended. One quart of fluid is injected (fountain or Davidson syringe) and allowed to flow out again. Salicylic acid or mercuric chloride are the best drugs, ½ of 1 per cent. for the former, 1 part in 6000 for the latter. Three daily usually suffices.—*International Medical Magazine*, 1900, No. 4, p. 241.

Suprarenal Extract.—Dr. Anderodias reports six instances of the use of this remedy in the treatment of Addison's disease. The first symptom to be changed was the arterial tension, and with improvement in this came a disappearance of the gastro-intestinal symptoms and a gain in strength. The symptom most tenacious was the bronzing; in one instance only did it disappear, in two it was lessened, and in the remaining ones it was unchanged. Of these patients three were completely cured, two notably relieved, while one remained the same. The duration of treatment varied from three to five months. The remedy should be given by the mouth, and not hypodermatically, in small doses—one to two grains—and continued until cure takes place.—*Journal de Médecine de Bordeaux*, 1900, No. 29, p. 513.

[We would emphasize the caution against the subcutaneous use of this substance. Personal observations of serious collapse only confirm what the remarkable vasoconstrictor effects of the drugs would lead us to expect. In fact, its action upon the bloodvessels clearly antedates its effect on the heart. —R. W. W.]

Serum Prognosis in Typhoid Fever.—M. le Dr. M. J. Rouget draws the following conclusions from a series of experiments: 1. No law can be established determining the ratio between the severity of typhoid fever and the agglutinizing power of blood-serum. 2. In certain instances an apparent relation can be shown between the outlines assumed by the agglutinizing